Permit 16. 2922 office of Registrar of Villa Statistics. Ward Statistics of the Stat	The special representation of the second	no no necopeouting invited to the	AND THE PARTY OF T	7010	
The Physiopha sho attended any person in a last illness, is respectively that the City of the City of the City of Baltimore. CERTIFICAT DEMONSTRATE. COLOR. Sex., Male or Female, Cross out the word note) Age. Vears, Months. Dead of Residence in the City of Baltimore. Place of Death, (Single recombination) Duration of Last Sickness, Months. Cause of Death, (Single recombination) Duration of Last Sickness, Months. Cause of Burial, (Single recombination) Duration of Last Sickness, Months. Company of Last Sickness	Health	Department	Mitn of	20 t.	el this Certifi
The Physiopha sho attended any person in a last illness, is respectively that the City of the City of the City of Baltimore. CERTIFICAT DEMONSTRATE. COLOR. Sex., Male or Female, Cross out the word note) Age. Vears, Months. Dead of Residence in the City of Baltimore. Place of Death, (Single recombination) Duration of Last Sickness, Months. Cause of Death, (Single recombination) Duration of Last Sickness, Months. Cause of Burial, (Single recombination) Duration of Last Sickness, Months. Company of Last Sickness	Permit No. 99922	Copulation,	duff m	Valtimore	
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Full Name of Deceased, write legibly and spell correctly, If an Infant Sex, Male or Female, Cross out the word not prequired in this line. Age, Single, Widow or Widower, Cross out the words not coccupation, Married, Single, Widow or Widower, Prequired in this line. Deccupation, Birth Place, Single the English and how control of the City of Baltimore. Place of Death, Give Street and Sumber. First (Primary). Second (Immediate), Duration of Last Sickness, All the above information bedieve to which say the friction. Duration of Burial, Married Second Company of the City of Baltimore. Place of Burial, Married Second Company of Burial, Married Second Company of Burials, Married Company of Burial		TIFICATE	OFDE	ATIT	1
Sex, Male or Female, {Cross out the word not} Age, Grass out the word not} Age, Grass out the word in this line.} Age, Grass out the word not} Married, Single, Widow or Widower, {Cross out the words not} Groupation, Grass out the words not} Groupation, Grass or the United States, Gross out the words not} Gray Grass of Death, Second (Immediate), Grass of Death, Grass of Death, Grass of Burial, Gras	Date of Death,	20# 1/2	MOKEL	M. M.	\
Sex, Male or Female, {Cross out the word not} Age, Years, Months. Decoupation, Married, Single, Widow or Widower, {Cross out the words not} Occupation, State or country, and how life of foreign birth Place, {India for or foreign birth Place, {India for foreign birth Place, {India foreign birth Place, {India foreign birth Place, {India foreign birth Place, {India foreign birth Place of Death, {Give Street and Number.} } Duration of Residence in the City of Baltimore. Place of Death, Second (Immediate), Second (Immediat	Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names	Jannetta.	1887.	
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Married, Single, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how long in the United States, I for of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Streets in the City of Baltimore, Place of Death, } Second (Immediate), Duration of Last Sickness, All the above information by Islala be furdished by the Pasician. Date of Burial, Mark Undertaker, Sand W Chase Place of Business, & M. Spounder Address, Jay the Place of Business, & M. Spounder Address, Jay the Place of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall be to the Physician who attended during him the section of the Wital Statistics in the Physician who attended during him the Physician who attended the Physici	Age, 63		77	ac 1	
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Birth Place, {State or country, and how long in the United States, If of foreign birth. Duration of Residence in the City of Baltimore. Place of Death, {Give Street and } States of Death, Second (Immediate), Second (Immediate	Married, Single, Widow or	Widower, Cross out the words r	not) M		
Duration of Residence in the City of Baltimore. Place of Death, {Give Street and } St. Cause of Death, {First (Primary), Failure of All relief Boundaries, Second (Immediate), Second (I	ap accor,		} //2	dow	
Duration of Residence in the City of Baltimore. Place of Death, {Give Street and } St. Cause of Death, {First (Primary), Failure of All relief Boundaries), Second (Immediate), Second (Birth Place, State or country, and he long in the United State if of foreign high	ow) Soft		,	
Cause of Death, Sumber. Second (Immediate), Second (Immediate), Survation of Last Sickness, All the above information field be fugnished by the fiscian. Place of Burial, Mark Charles Undertaker, Sand W. Charle Place of Business, 6 H. Spound of Address, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the the Physician who attended during his content of the Wital Statistics in the the Physician who attended during his content of the Wital Statistics in the content of the Physician who attended during his content of the Wital Statistics in the Content of the Wital Sta	Duration of Residence in the	City of Date	Trone (6	the.	
Duration of Last Sickness, All the above information health to find shed by the resistion. Place of Burial, Mark Charles Undertaker, Sand W. Charle Place of Business, 6 H. Spound of Address, Fayette & Thermork St. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the the Physician who attended during his or dained, That whenever any person at all the secure and person at all the secure at all the secure and person at all the secure and person at all the secure at a	Number.	843	Rab.	. 84	
Duration of Last Sickness, All the above information heald be fundished by the dissician. Place of Burial, Mark Legger Undertaker, Sand W. Chase Place of Business, 6 # Spourned Address, Jay-the Thermore Section 2. And be it further enacted and ordained, That whenever any person that the Physician who attended during his ordained, That whenever any person that the second of the Vital Statistics in the	J Douce,	/	all ville	Bown	
Place of Burial, Mark Lemely Undertaker, Sand W. Louis Address, Medical Attendant. Place of Business, 6 H. Spourne of Address, Layette V. Lemely City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person the H. L. Lemely Control of the Vital Statistics in the the Physician who attended during his or the Renewer any person the H. L. Lemely Control of the Vital Statistics in the vital Statistics in the control of the Vital Statistics in the vital Stati	Duration of Last Sickness	1.	Age.		
Date of Burial, Address, Sand W. D. Medical Attendant. Place of Business, 6 H. Spounded Address, Jayelle V. James Section 2. And be it further enacted and ordained, That whenever any person et al. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	All the above information	hished by the Presician			
Place of Business, 6 # Spours of Address, Tay the Transfer of the Board of Health to secure a full and correct record of the Vital Statistics in the the Physician who attended during his contract of the Wital Statistics in the thin the Physician who attended during his contract of the Wital Statistics in the the Physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the physician who attended during his contract of the Wital Statistics in the whole who attended during his contract of the Wital Statistics in the whole who attended during his contract of the Wital Statistics in th	" Wigy	go has less	1 11		
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Physician who attended during his control of the Whenever any person shall it.	Undertaker, Sand	w pf	1.11-0	Tittell.	W D
Section 2. And be it further enacted and ordained, That whenever any person at the physician who attended during his credit of the vital Statistics in the	Place of Business, 641 X	founday.	7	Medical Attendan	t. D.
hin twenty a who attended during his or had whenever any person of all at	Extract from Regulations of the Bo	pard of Health to	ress, Layer	let Tremo	nto Sie
of death. whether married or single) of the person decreased	oin twenty control who attended during l	hie or had whenever	any person ab-II		

(Undertaker.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate Mepartment, Office of Registrar of Vita Permit No. tatistics. The Physician who attended any person in a last illness, is responsible for the presentations his Certificate, accurately filled out to the Undertaker or other person superintending the burial, within the way-jour hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ORGAINED WATHOUT 2 PROBLE CERTIFICATE. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line. } Days Months. Age, Color, Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number. Cause of Death, Second (Immediate), Duration of Last Sickness,... All the above information should be furnished by Place of Burial Jawill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

larolene At Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Undertaker

The Special Attention of Physicians is Res	pactfully Invited to the Re	marks below and to	List of Diseases on I	ack of this Certificate
Health I	epartment,	City of	Baltimi	ore. th
Permit No. 99924 office	ce of Registra	r of Vital S	tatistics.	Ward O
The Physician who attended any per- to the Undertaker or other person superin requested so to do, under penalty of law.	tending the burial, within	twenty-jour hours at	ter the death of said	decensed, or corner,
No Permit for	BURIAL CAN BE OBTAIN	•	(35	
CERTI	FICATE	OF D	EATH	ALTIMON.
Date of Death,	May 21	14 188	7	10
Full Name of Deceased, Write la correction of paret	egibly and spell y. If an indint ned, give names ats.	Michael	Schae	les -
Sex, Male or Female, Cross out the required in			ale	-
Age,Y	ears,	2 Mon	ths,	Days
Color,		M	rule	
Married, Single, Widow or W	idower, {Cross out the wor	rds not }		V
Occupation,		12 0.		
Birth Place, State or country, and how long in the United States,				to
Duration of Residence in the	City of Baltimore	3,	since le	orm
Place of Death, Give Street and		218 M.	Burk	e H
Cause of Death, Second (Immed	, Masa	smus		
Duration of Last Sickness,	sine	e born		
All the above information should be furnish	ed by the Physician.			
Place of Burial, It	phonsus	00	0	/
Date of Ravial	1/2/20	011	V ,	0/

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 380%. Would Address.

Medical Attendant,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificant
Health Department, City of Baltimore.
Permit No. 9 9 9 9 0 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 21 187
Full Name of Deceased, {Write legibly and spen of named, give names} Many fackum
Sex, Male or Female, { cross out the word not } I Typical
Age, Years, Months, Day
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation . Somester !!
Birth Place, {State or country, and how long in the United States, if of foreign birth. Thurstion of Residence in the City of Raltimore 5 manually
Duration of Residence in the City of Baltimore, 5
Place of Death, {Give Street and} 115W Lamber
Cause of Death, { First (Primary), Second (Immediate), Heart Failure
Duration of Last Sickness, 3 200
Place of Burial, Ot Vincento
Date of Burial, Mary 22 and William All De
(Undertaker, of floward William Alexand M. I.

Place of Business, & 2 1 holling MAddress, 4

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far us the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the R	emarks below, and to Lis	t of Diseases on back of th	is Certificate.
	Department,			/.
	Office of Registra			10
to the Undertaker or other person a		1 twenty-four hours after t	the death of said deceased,	or sooner, if
CER	TIFICATE	OF DE	CATH	1 (a)
Date of Death,	May	21. St. 188 Jerimiah	16	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Jeremiah	Dorsey	
Sex, Male or Former, (Cros				
Age, L.	Years, 2.	Months,		Days.
Color,		Black	E .	/
Married, Single, Widows	(Cross out the wor	rds not }	1	
Occupation,		hone	- , ,	
Birth Place, State or country, at long in the United if of foreign birth.	d how States,	Baltimore	Pety	
Duration of Residence in	the City of Baltimore	3.	ye.	
Place of Death, Give Street at Number.	ad }	8 14 Tur	el st	
$\it Cause of Death, egin{cases} { m First (Pr)} \\ { m Second (} \end{cases}$	imary), Immediate),	Phthisis		
Duration of Last Sicknes	furnished by the Physician.	years		
Place of Burial Lays	el Genty	/ //	1 A1	
Date of Burial, Mel	y 22ª /88%	Buns of	(Thurst	w 6
Undertaker, Cles. F Place of Business, 50	1. Orthana	ddress. Qu. A	Weath The	Si the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whother married or single) of the person deceased, and the cause and date of death.

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the special Accention of Physicians	is nespectally invited to the met	mar vo noran' and na tue	SO OF PRISORESON OIL ORDER OF THE	13 Out Million Co.
Health	Department,	Qity of S	Baltimore.	4
	Office of Registrar			rately filled out.
o the Undertaker or other person sequested so to do, under penalty of	perintending the burial, within	twenty-four hours after	the death of said deceased,	or sooner, if
		•—	A THE MAN	PR
	TIFICATE	OF DE	LA 1 1. 180	Sales of the sales
Date of Death,	may 20	21.	6/16.2	
$egin{aligned} extbf{Date} & extit{of} & extbf{Deceased}, \ & ext{Sull Name of Deceased}, \end{aligned}$	Vitte legicly and spell orrectly. It an Infant lot named, give names f parents.	e vecca c	promi	me
Sex, Male or Female, Cross	red in this line.		,	.
Age, 45	Years,	Months,	/	Days.
Married, Single, Widow of	- Widowan (Cross out the word	s not \	1/	,
Occupation,	required in this lin	ie, }	V	
Birth Place, State or country, and sift of foreign birth.	thow) Ler	nong		
Duration of Residence in	the City of Baltimore,	, 3	frens	
Place of Death, Give Street an Number.		umberg	St-	
$ extit{Cause of Death,} \left\{ egin{array}{l} ext{First (Prince)} \ ext{Second (I)} \end{array} ight.$	mary), mmediate),	onal ;	Lever	
Duration of Last Sicknes All the above information should be f	8, Journished by the Physician.	2 (pro	nOb	
Place of Burial, Hey	las congregator	tong Below	road	
Date of Burial, Lay	22 nd 1889	2.18 €	ominge	M. D.
All the above information should be a Place of Burial, Hay a Date of Burial, Lucy (Undertaker, Place of Business, 12)	2. Soudheim		Medical Attendant	7
Place of Business, 12	1. Greenest Ad	dress, 1725	Under O	u

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Baltimore.
Permit No. 99928 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH
Date of Death, May 21 52 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Mele or Female, {Cross out the word not } Hemale
Age, 49 Years, 3 Months, 8 Days
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occumation VIII 10 110 110 1
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, & Gene,
Duration of Residence in the City of Baltimore, & Jews Place of Death, {Give Street and } 1307 Secucion City
First (Primary), Syphoid Free
Cause of Death, Second (Immediate),
4. 1. 1
All the above information should be furnished by the Physician
Place of Burial, Loudon Park Cemeler
Date of Burial, May 23 1887 13. S. Roseley M. D.
Undertaker, Henry W. Hears Medical Attendant.
Place of Business, #413 & Fayette St Address, 1207 Police
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

to list or diseases on back of this Certificate.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back Bealth Bepartment, City of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Make or Female, (Cross out the word not) Months. Age, Color. Married, Single, Willow or Widower, Cross out the wards not required to this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Place of Death, Give Street and Number. Duration of Last Sickness, furnished by the Ph Date of Burial, (Undertaker,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

and date of death.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat
Bealth Department, City of Baltimore.
Permit No. 1 9 Office of Registrar of Vital Statistics. Ward 10
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 20 may
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Shortello
Sex, Male or Female, {coss out the word not }
Age, 46 Years, Months, Day
Color, Colored 1
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Olyman
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and}
Cause of Death, { First (Primary), Angina Pletono Theumatism
Duration of Last Sickness, 2. months
Place of Burial, Sharfe Clinecter
Date of Burial, May 23 1887
(Undertaker Mt 6 have

Place of Business, 641 howard Address, 22

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]